



# AHCMOM216

## OPERATE SIDE BY SIDE UTILITY VEHICLES

### PRE-ENROLMENT PACK

Please complete and submit your pre enrolment pack at your earliest convenience to finalise your enrolment with The Australian Driving Institute.

 08 8322 8555

 [cbellis@austdrive.com](mailto:cbellis@austdrive.com)

[www.austdrive.com](http://www.austdrive.com)



RTO: 45958

## TRAINING ENROLMENT APPLICATION

**Instructions:** This is an online form and should be completed by saving it to your computer and typing in your information. Alternatively, if you cannot access a computer the form can be printed and completed as a manual form

Please email your completed form to ADI: [cbellis@austdrive.com](mailto:cbellis@austdrive.com)  
OR POST: The Australian Driving Institute 7 Benjamin Street, St Marys SA 5042

### 1 PERSONAL INFORMATION

Title: (Please tick) Mr  Mrs  Miss  Ms  Dr  Other

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency/Next of Kin Contact Details: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship with Learner: \_\_\_\_\_

### 2 COURSE DETAILS

Name of course you wish to enrol:

Do you wish to apply for National Recognition/Credit Transfer or RPL:  Yes  No

### 3 EMPLOYMENT DETAILS

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Telephone: \_\_\_\_\_

### 4 LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin?  
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

No  
Yes, Aboriginal  
Yes, Torres Strait Islander

Were you born in Australia? \_\_\_\_\_

If no, which Country? \_\_\_\_\_ Do you have a VISA? \_\_\_\_\_ if so please provide.



Do you speak a language other than English at home?

No, English only (Go to disability section)

Yes, other – please specify

How well do you speak English?

Very Well

Well

Not well

Not at all

## 5 DISABILITIES

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

No

Vision

Hearing/Deaf

Physical

Medical Condition

Other

Intellectual

Mental Illness

Learning

Acquired Brain Impairment

## 6 SCHOOLING

What is your highest completed school level?

In what year did you complete that school level?

Completed year 12

Completed year 11

Completed year 10

Completed year 9 or equivalent

Completed year 8 or lower

Did not go to school

Are you still attending secondary school?

Yes

No

## 7 PREVIOUSLY ACHIEVED QUALIFICATIONS

Have you successfully completed any of the following qualifications?

Yes (please tick ANY applicable boxes)

No (Go to the Employment section)

Bachelor's degree or Higher Degree

Certificate III (or Trade Certificate)

Advanced Diploma or Associate Degree

Certificate II

Diploma (or Associate Diploma)

Certificate I

Certificate IV (or Advanced Certificate/Technician)

Certificates other than the above

## 8 EMPLOYMENT

From the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-time employee

Employed – unpaid worker in a family business

Part-time employee

Unemployed – seeking full-time work

Self employed – not employing others

Unemployed – seeking part-time work

Employer

Not employed – not seeking employment

## 9 STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship /apprenticeship? (Tick ONE box only)

To get a job

To develop my existing business

To start my own business

To try for a different career



- To get a better job or promotion
- I wanted extra skills for my job
- For personal interest or self development

- It was a requirement of my job
- To get into another course of study
- Other reasons

### 10 UNIQUE STUDENT IDENTIFIER (USI) AUTHORITY

Do you have a Unique Student Identifier (USI) number?

Yes  No

If yes, my USI number is \_\_\_\_\_ If no, please go to [www.usi.gov.au](http://www.usi.gov.au) and create one

### 11 DRIVERS LICENCE (If Known)

Drivers Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

State Issued: \_\_\_\_\_ Licence Class: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

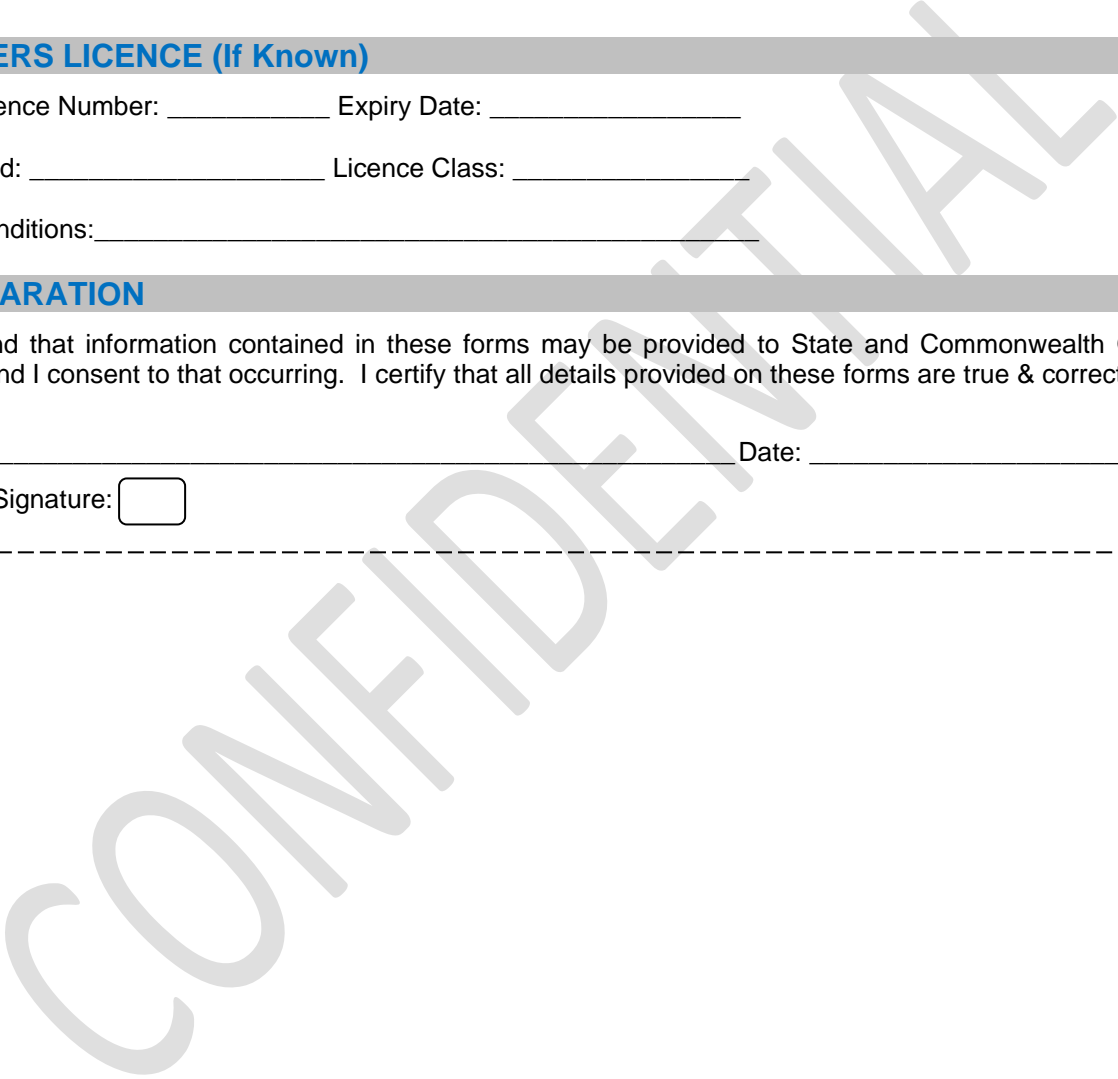
### 10 DECLARATION

I understand that information contained in these forms may be provided to State and Commonwealth Government agencies and I consent to that occurring. I certify that all details provided on these forms are true & correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Electronic Signature:

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# AHCMOM216 – Operate side by side utility vehicles Training Needs Analysis (TNA)

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Declaration- The information below is true and correct to the best of my knowledge - Student Signature: \_\_\_\_\_

Please indicate how often you have experienced or undertaken the following by marking with a ✓ in your selected box Have you previously;	Frequently	Sometimes	Never
Identified the hazards and risks while using a side-by-side vehicle			
Having operated a side-by-side utility vehicle			
Operated and manoeuvred side by side vehicle on different surfaces and terrain conditions including uneven and sloping terrain			
Identified and avoided driving surfaces and terrain that are dangerous to operate the side-by-side utility safely			
Maintained personal protective equipment including a helmet that fits the purpose while driving a side by side according to the operator's manual			
Have you read and understood the operator's manual			
Loaded and secured side by side vehicle safely			
unloaded and secured side by side vehicle safely			
started, steered, manoeuvred, positioned, and stopped a side-by-side utility vehicle in a controlled manner			
Selected the correct modes of operation and applied to assist vehicle stability			
Parked and checked for damage, malfunctions, or faults			
Identified environmental impacts and minimised while operating the side by side			
Followed industry and workplace biosecurity procedures			

Trainers Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

TNA Outcome (Please Tick)

Not experienced

Experienced

Reasons:



# Language, Literacy and Numeracy Evaluation

## Instructions:

Fill in all sections clearly and carefully by writing in block letters.

This evaluation is designed to assist Australian Driving Institute's awareness of the student's level of Language, Literacy and Numeracy to assist the trainers to give you the upmost support during your course.

Please **do not** use a mobile phone or computer.

## 1 PERSONAL DETAILS

Title: *(Please tick)* Mr  Mrs  Miss  Ms  Dr  Other

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

## 2 COURSE DETAILS

Name of course/qualification currently undertaking: \_\_\_\_\_

## 3 EMPLOYMENT DETAILS (If Applicable)

Business Name: \_\_\_\_\_

Type of business: \_\_\_\_\_ Country: \_\_\_\_\_

How long were you employed: \_\_\_\_\_

What duties do you perform?

Have you had much driving experience?

Yes No

If yes, please give details

## 4 FUTURE EXPECTATIONS (Language)

Please explain in detail the reason why you want to do this course:

What is your future career goal?

Is this course related to your work experience?  Yes  No

If so, please give details:

## 5 LITERACY

Please tick the incorrect spelt words:

Compatability     indecisive     necessary     octaine     petroleum     fullfillnes   
complicated     magnficent     rotaton     maintenance     receive     freindship   
understanding knowledge

Fill in the missing words:

The motor \_\_\_\_\_ is a form of \_\_\_\_\_ to get \_\_\_\_\_ from \_\_\_\_\_ to B \_\_\_\_\_

**Vehicle, car, transport, walking, home, you, me, A, C, quickly, safely**

When I am \_\_\_\_\_ I observe the road \_\_\_\_\_ and I obey all \_\_\_\_\_ limits.

**Driving, walking, condition, rules, speed,**

## 6 NUMERACY

Please complete the following:

$23 \times 35 = \dots\dots\dots$ ,  $15 \times 4 = \dots\dots\dots$ ,  $12 \times 10 = \dots\dots\dots$ ,  $10 \times \dots = 50$ ,  $\dots\dots \times 5 = 20$ ,  $2 \times 2 \times 4 = \dots\dots\dots$

$55 + 23 = \dots\dots\dots$ ,  $56 + \dots\dots = 92$ ,  $450 + \dots\dots = 1,111$ ,  $2.5 + 4.25 + 2 = \dots\dots\dots$ ,  $1.75 + 2.25 = \dots\dots\dots$

$1/3 = \dots\dots\dots\%$ ,  $1/4 = \dots\dots\dots\%$ ,  $75\% = \dots\dots\dots$ ,  $100\% = \dots\dots\dots$ , Half =  $\dots\dots\dots\%$  &  $1/\dots\dots$

7 divided by 2 =  $\dots\dots\dots$ , 12 divided by 4 =  $\dots\dots\dots$ , 6 divided by 3 =  $\dots\dots\dots$ , 120 divided by 10 =  $\dots\dots\dots$

If A turns a full circle and B turns 2 circles what is the ratio (tick the correct answer)  1/2  2/1  1/1  2/2

## 7 PREVIOUSLY ACHIEVED QUALIFICATIONS

Have you successfully completed any of the following qualifications?

<input type="checkbox"/> Yes <i>(please tick ANY applicable boxes and give details)</i>	<input type="checkbox"/> No	if yes, give details
<input type="checkbox"/> Bachelor's degree or Higher Degree	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/>	Certificate I
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	Certificates other than the above

## 8 DECLARATION

I understand that information in this form will be reviewed, and it may affect my application for enrolment. I certify that all details provided on these forms are answered true and correct and to my best ability.

Signed:

Date:

### OFFICE USE ONLY:

Has the student successfully answered the questions to a satisfactory level?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If No, please give reasons

Trainer Name:

Date: